Substitute for Form PTO-875										d for use through 7/31/2008, OMB 065 Office; U.S. DEPARTMENT OF COMM miess it displays a valid OMB common of Aprilicating or Days at Manual Validation			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		Υ	OR.	OTHER THAN		
FOR BASIC FEE		NUMBER FILED			NUMBER EXTRA						SMA	ALL ENT	
(37 CFR 1.16(a))		:.					RATE		EE		RATE		
TOTAL CLAIMS (37 CFR 1.16(c))			4 4	, 		-		- 5		OR		1.	
INDEPENDENT CLAIMS (37 CFR 1.16(bj))		. mlnus 20 =		<u> </u>			X \$	-	7	OR	\.		
		minus 3 e		• • •			X : =				X 5 =		
MULTIPLE DEPI	ENDENT CLAIR	PRESENT	(37 CF	R 1.16(d))		71				OR	X \$	=	
If the difference	e in column 1 i	o la conti				ا لــ	+1	<u> </u>		ÓR	+:	:	
					n 2.		TOTAL	L	- 1	OR	· TARLYS		
	CLAIMS	S AMEN	ĐEĐ - PA	ARTI	•	•	•			Oit	· TOTÁL	L	
	(Colum				÷.		٠						
1	CLA!			olumn 2)	(Column·3))	SMALL	ENTITY		OR]	OTHE	R THAN	
	AFTI	MING: 1		GHEST JMBER	· IMPRESENT	ا لما	PU/TE	7		1	SMALI	LENTIT	
104	AMEND			VIOUSLY ID FOR	EXTRA	11	10/16	TIONA		ľ	-FATE	Aô	
Total (37 CFR 1.16(c		8 Mi	nus	48	= /-	1.1-	25	FEE				TION	
Total arcer 1.160 Independent (17 CFR 1.160	1.3	Mi	nus ***	<u> 10</u>	 _/_	1 F	,25.	 		OR	x , 50 _	1 1	
CIDET DOCO				<i>I</i>	<u> </u>] <u> x</u>	\$/00=	1. 1		OR -	x \$200=	/- -	
TURSTPRES	ENTATION OF M	ULTIPLE DEP	ENDENT CLA	JM (37 C	FR 1.16(d))	+	\$180		7	-		 	
						- T	OTAL	 	⊢ °	•	+, <u>360</u>		
	(Column	11 .	(0-			A	DO'L FEE	L	」∘	R ,	TOTAL VDD'L FEE	 .	
	CLAIM	\$		HEST.	(Column 3)	1						- 1	
	AFTER	NG	NUA	KBÈÉR "	PRESENT. EXTRA	-	RATE	ADD(-	· ·		F237"		
Lotal	- MENDWI	ENT		FOR.			ما المنظمة الم	TIONAL			RATE	IOOA AMOIT	
(3) CFR 1.16(c)) Independent	 				=	X s				2.2.400	-4235	FEE	
(37 CFR 1.16(6))	<u> </u>	Minu	s	•	=				OF	×	<u> </u>		
FIRST, PRESEN	TATION OF MU	LTIPLE DEPE	WOELT OF ALL			X			OR	×	<u>. </u>		
				(JA-CFF	(4.16(d)) · · · · · ·	***		ky, war myd :	ÖŘ	··· 4	Pitt & altrasticity	tanto	
<u>:</u>					•		TAL D'L FEE		7 ~~	TO	TAL		
	(Column 1)	(Colum	mn 2)	.(Çolumn_3)		- L	`	OR	AC	O'L FEE		
	CLAIMS REMAININ	6	HIGH	EST						٠,	isa.		
	AFTER	l l	NUME PREVIO	USLY	PRESENT EXTRA	F	ATE	ADDI-			RATE	4001	
Total	AMENDME	Minus	PAID F	OR		 	••	TIONAL TEE	1	1		ADDI- TIONAL	
Independent .	-					X \$_			1			FEE	
D7 CFR 1.16(b))	· · ·	Minus	 .		=				. OR	X \$	== _		
FIRST PRESENT	ATION OF MULT	IPLE DEPEND	ENT CLAIM	(37 CED 4	10(4)	X \$_			OR	X \$	E		
				(S) OFR	.10(0])	+:	===		OR	1+5	_		
If the entry in a	dumo 1 le lese	Unan Hara				ADD'	LFEE		Ott	TOT	AL		
If the entry in ∞ (the "Highest N I the "Highest N he "Highest Nu	lumber Previou	man the enti Isly Paid For	Y in column * IN THIS C	Z, write Y)" in column 3.		ł		OR	AUD	'L FEE		

The 'Highest-Number Previously Paid For In THIS SPACE is less than 3, enter "3".

The 'Highest-Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the Including pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.